

Image# 201704079052049375

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Lofgren, Zoe, , ,			2. Candidate's FEC Identification Number H4CA16049	
(b) Address (number and street) c/o Contribution Solutions, LLC 1346 The Alameda, Ste. 7-380		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code San Jose CA 95126		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate CA 19		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Lofgren for Congress		
(b) Address (number and street) c/o Contribution Solutions, LLC 1346 The Alameda, Ste. 7-380		
(c) City, State, and ZIP Code San Jose CA 95126		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Lofgren Victory Fund		
(b) Address (number and street) c/o Contribution Solutions, LLC 1346 The Alameda, Ste. 7-380		
(c) City, State, and ZIP Code San Jose CA 95126		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Lofgren, Zoe, , , <i>[Electronically Filed]</i>	Date 04/07/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Form/Schedule: F2A
Transaction ID :

Change of address to candidate, principal committee and authorized committee.

Form/Schedule:
Transaction ID: